

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009743

FILED  
Feb 08, 2005  
Secretary of State

Entity Name: ZION CHRISTIAN UNIVERSITY, INC.

**Current Principal Place of Business:**

25400 US HWY 19 NORTH, SUITE 136  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

25400 US HWY 19 NORTH, SUITE 136  
CLEARWATER, FL 33763

**New Mailing Address:**

FEI Number: 20-1903626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUMPHREYS, DANIEL  
22350 US HWY 19 NORTH, APT.33  
CLEARWATER, FL 33763 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BAILEY, BRAIN  
Address: P.O.BOX 70  
City-St-Zip: WAVERLY, NY 14892

Title: D ( ) Delete  
Name: WALLIS, DAVID  
Address: P.O.BOX 70  
City-St-Zip: WAVERLY, NY 14892

Title: D ( ) Delete  
Name: TUCKER, ROBERT  
Address: 7036 MELDRUM RD  
City-St-Zip: FAIR HAVEN, MI 48023

Title: D ( ) Delete  
Name: GAZAWAY, DANIEL REV.  
Address: 164 EAST SIDE DR.  
City-St-Zip: CONCORD, NH 03301

Title: D ( ) Delete  
Name: CARAM, PAUL DR.  
Address: P.O. BOX 256  
City-St-Zip: ULYSSES, PA 16948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN BAILEY

D

02/08/2005

Electronic Signature of Signing Officer or Director

Date